

Figure 2 (a)

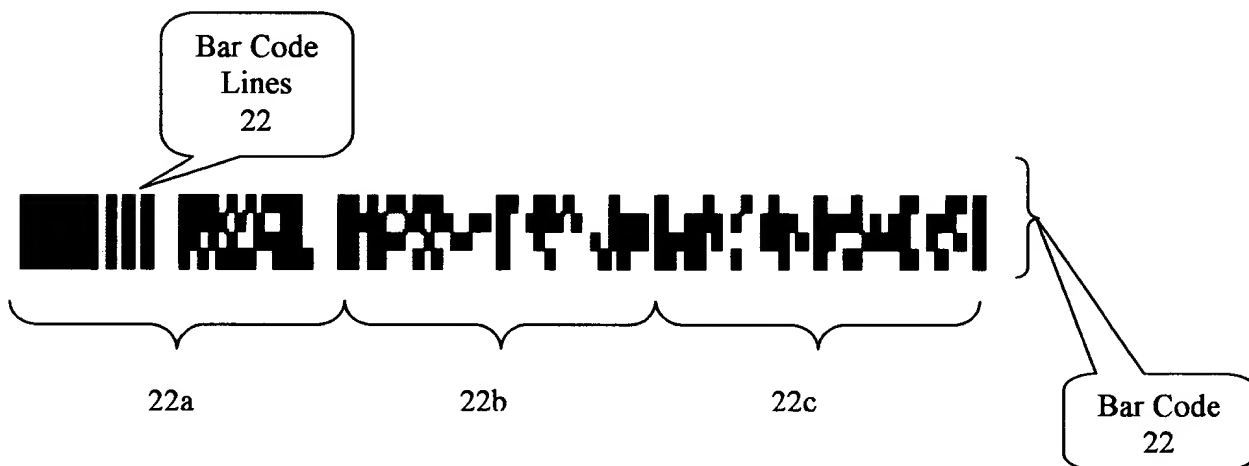


Figure 2 (b)

Figure 3

Bar Code Line
22

Bar Code
21

To _____

From _____

Date _____

Comments
32

Coded
Information
Header Sheet
31

Figure 4

Identification Number 164 A	Coded Information 164 B
1 2 3 4 5	■ ■ ■ ■ ■ ■ ■
1 2 3 4 6	■ ■ ■ ■ ■ ■ ■
1 2 3 4 7	■ ■ ■ ■ ■ ■ ■
1 2 3 4 8	■ ■ ■ ■ ■ ■ ■

Unique
Transmission
Record
164X



Figure 5(a)

Identification Number 166 A	Coded Information 166 B
1 2 3 4 5	A B C D E F G
1 2 3 4 6	H I J K L M N
1 2 3 4 7	O P Q R S T U
1 2 3 4 8	V W X Y Z

Unique
Record
166X

Figure 5(b)

Identification Number 170 A	Coded Information 170 B

170

Figure 6

Patient Identification Number 172 a	Access Code 172 b

172



Figure 7

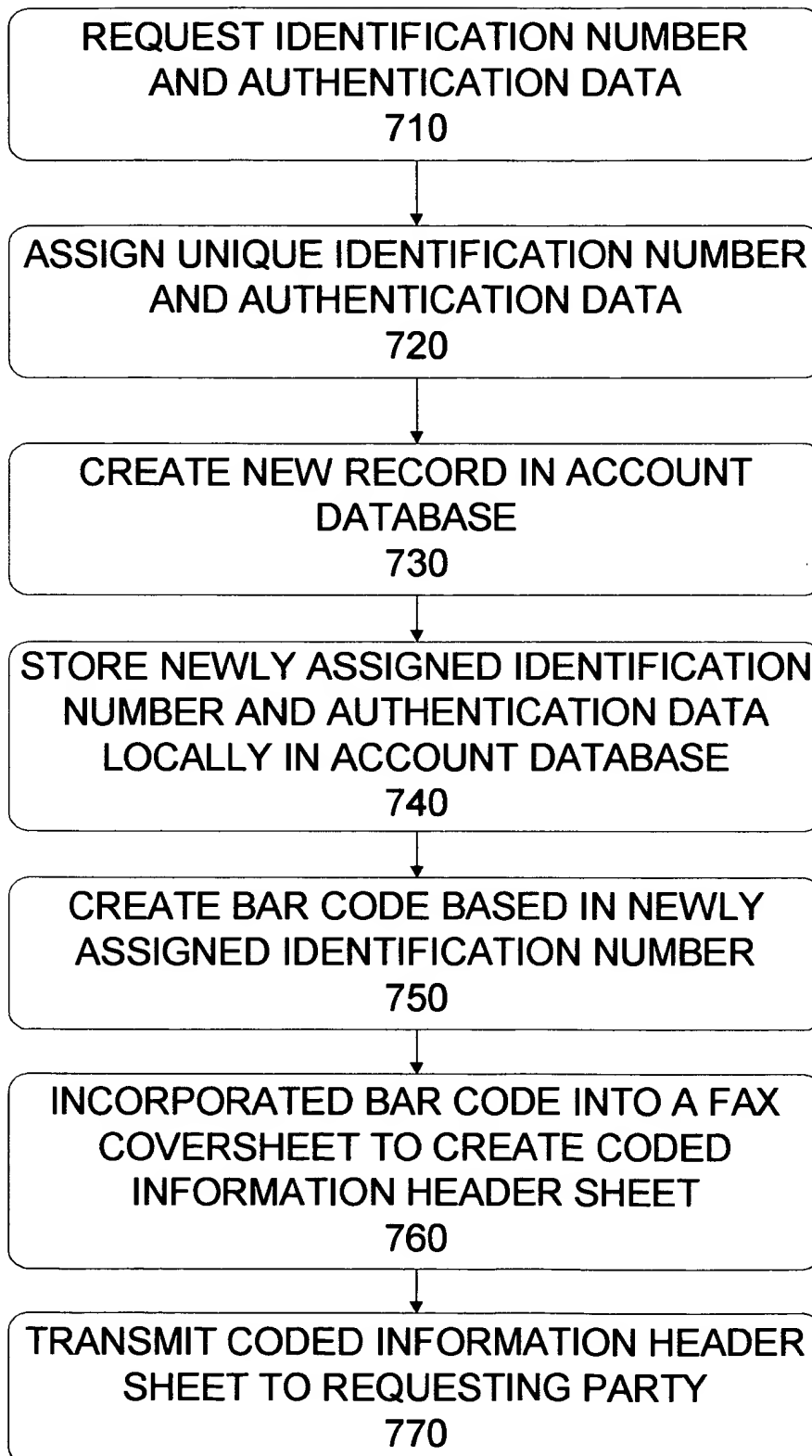


Figure 8

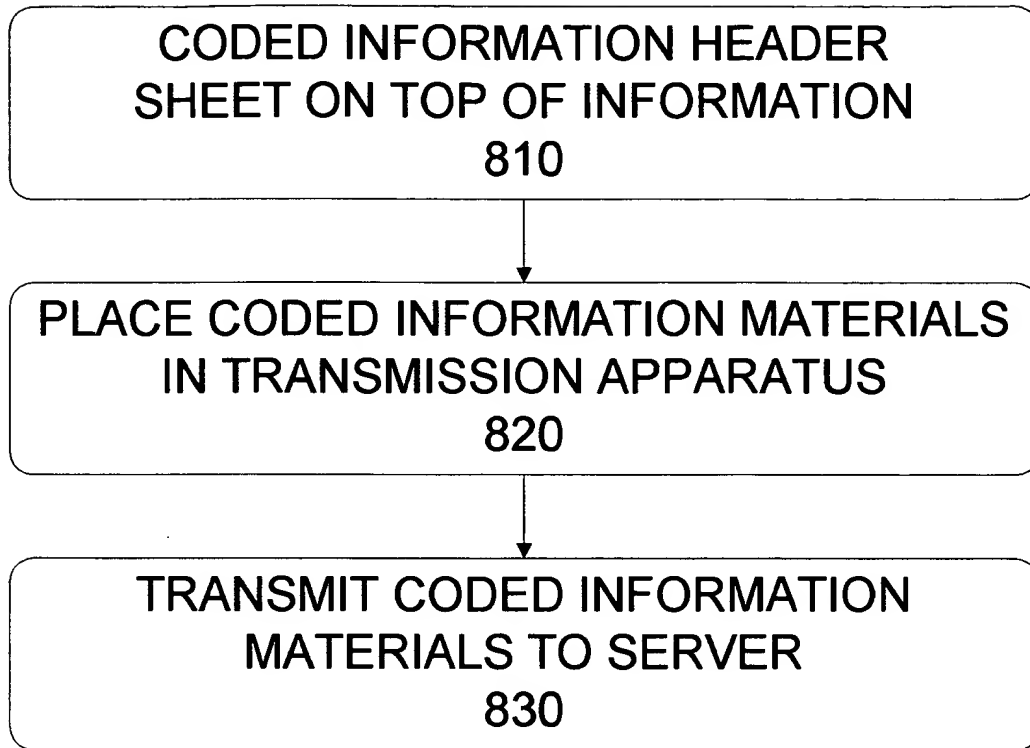


Figure 9

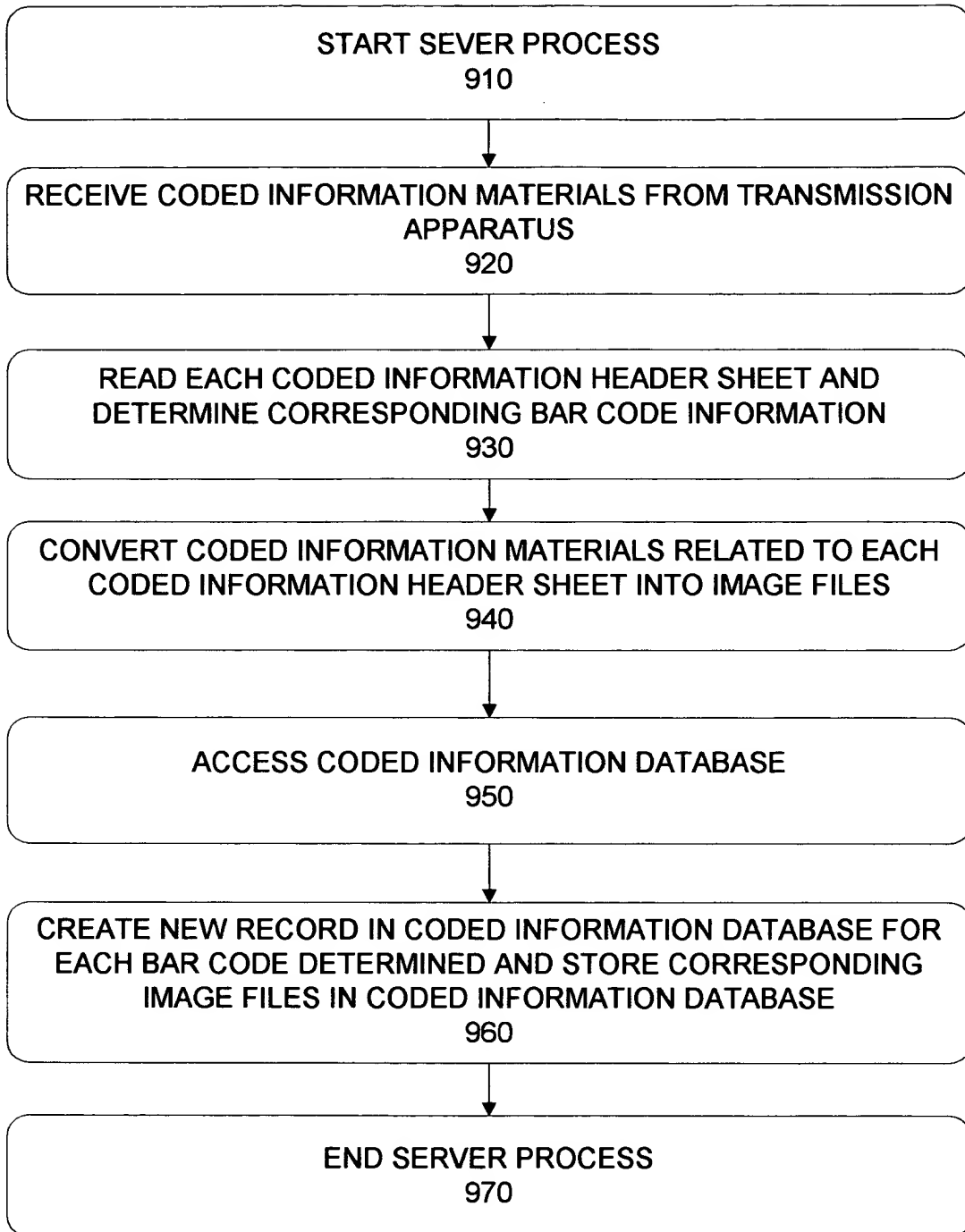


Figure 10(a)

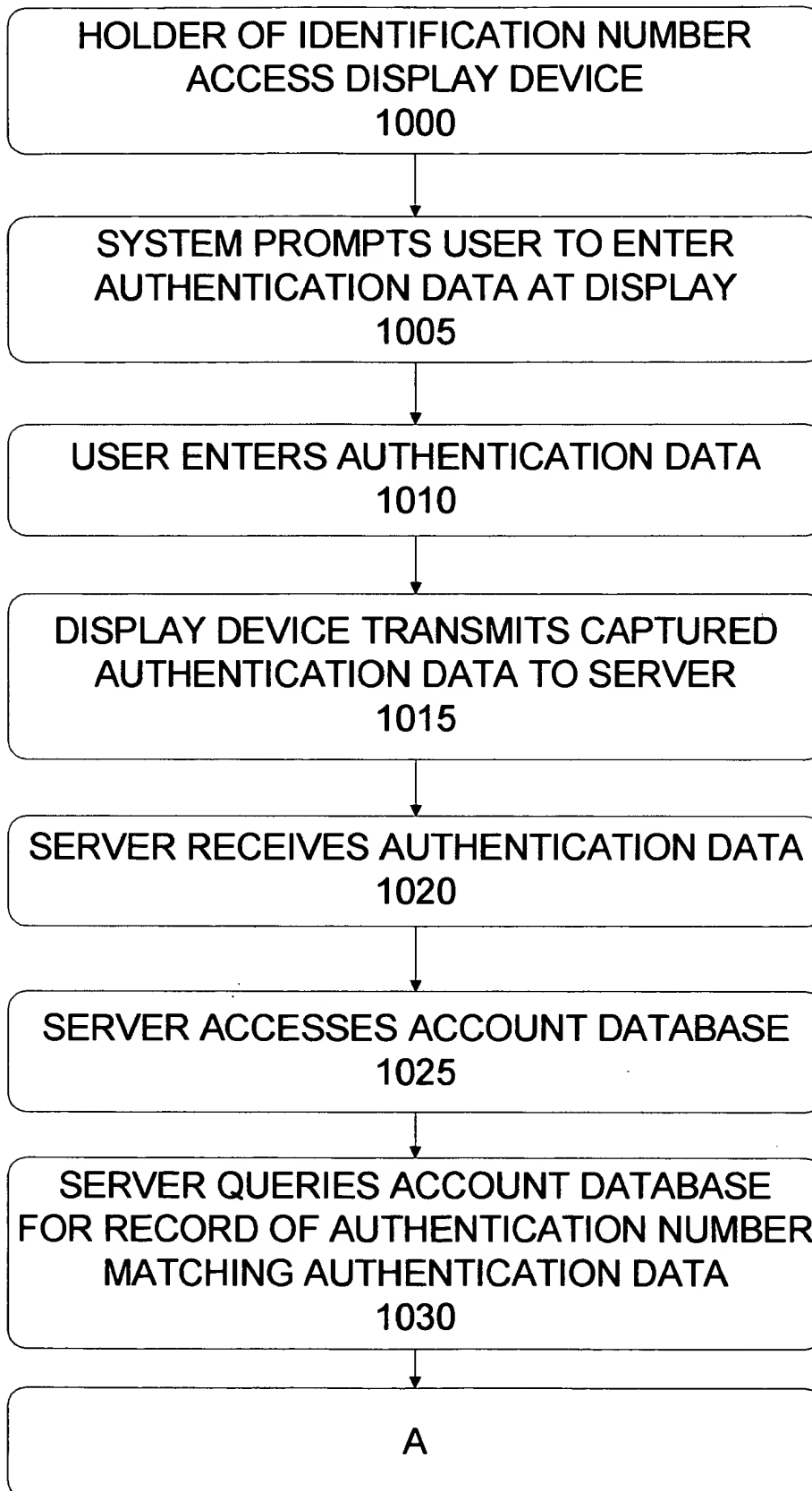


Figure 10(b)

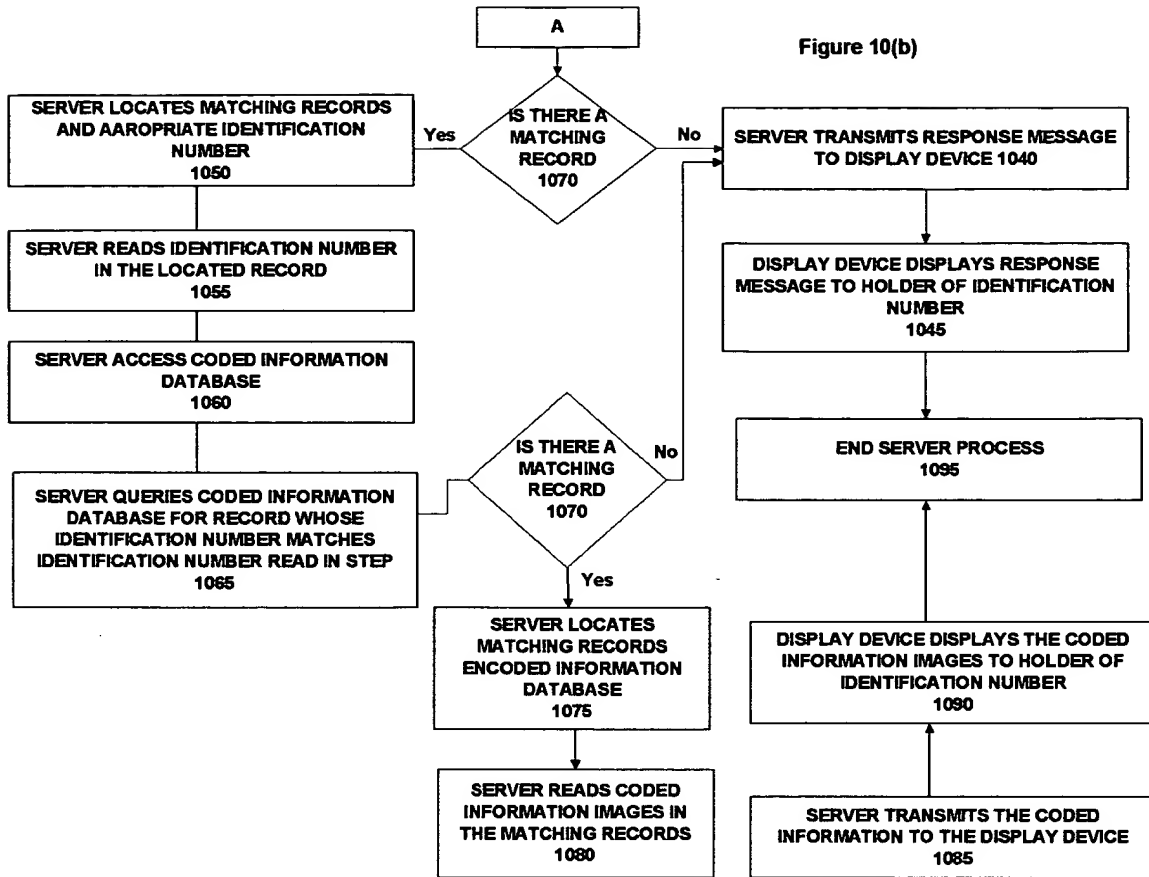


Figure 11

Bar Code Line 22

Bar Code 21

To _____

From _____

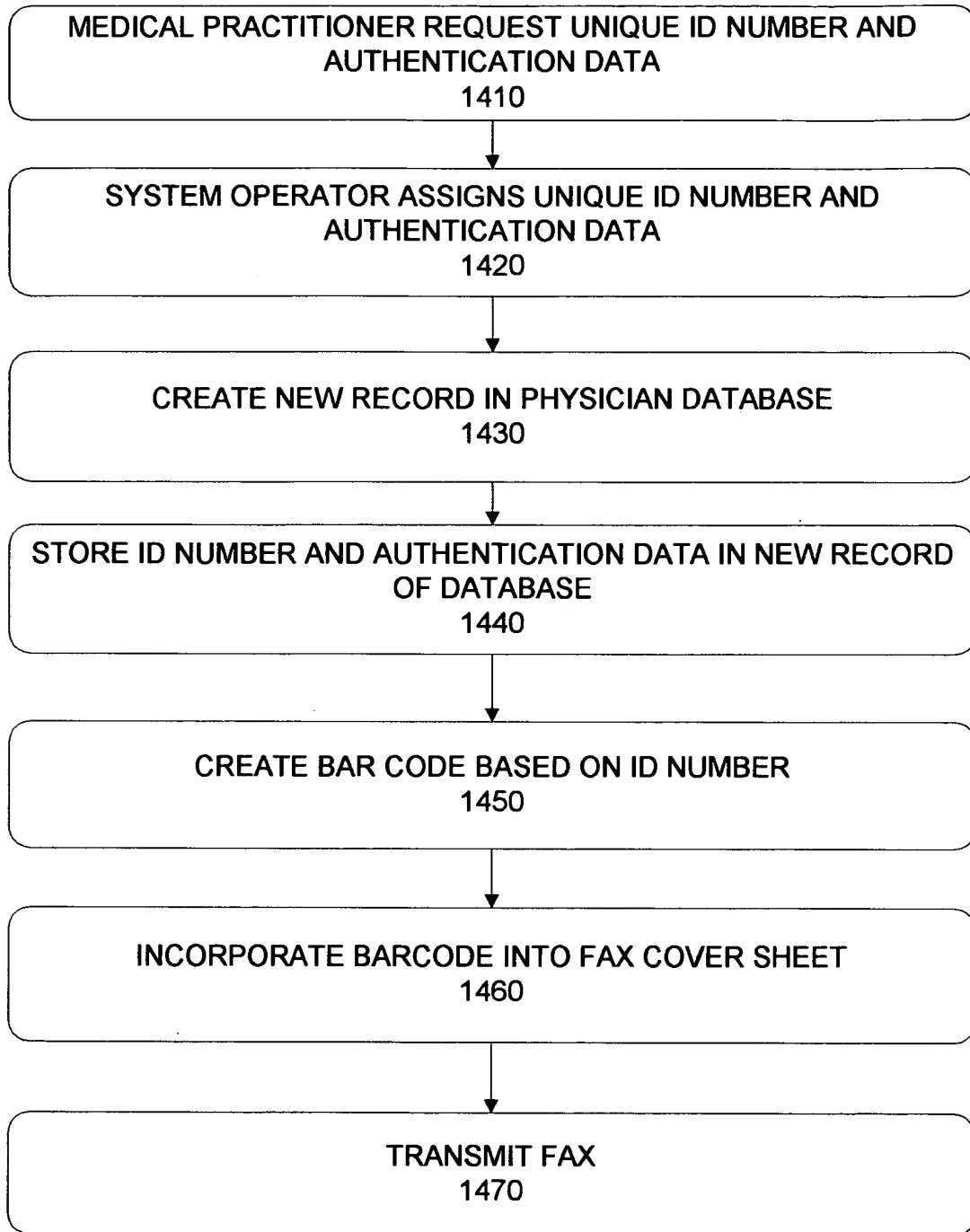
Date _____

Comments 32

Bar Code Line 22

Coded Information Header Sheet 31

Figure 12



MyMedicalFiles (MMF)

225



0000039806

Reusable Fax Cover Page

Fax To: 1 (917) 322 2227

Patient Name (Print) _____ Date of Birth ____/____/____
First Last

I authorize my physician to fax in my medical files to MMF Systems, Inc. I authorize MMF Systems, Inc. to charge my credit card \$35.00 plus sales tax.

Patient Signature _____ Card Holder's Signature _____
(fill only if different from patient)

Credit Card Number _____ Expiration Date _____
Month Year

Patient Information

Phone () _____ Email _____

Address _____ City _____ State _____ ZIP _____

To allow your Physician to view your medical files, copy the PIN from your MMF card into the box below.

Username **39806** Enter PIN to allow Physician access

205

206

Instructions for the Physician's Office:

- Step 1:** Use Fax Cover Page to send the medical records selected by physician
Step 2: Keep this Fax Cover Page in MMF Manual or in your files.

235

245

Physician Login
Username _____
PIN _____

Member Login
Username _____
Password _____

235

240

215

Access by phone (800) CALL MMF

Copyright © 2003 MMF Systems, Inc. Instructions on inside of card

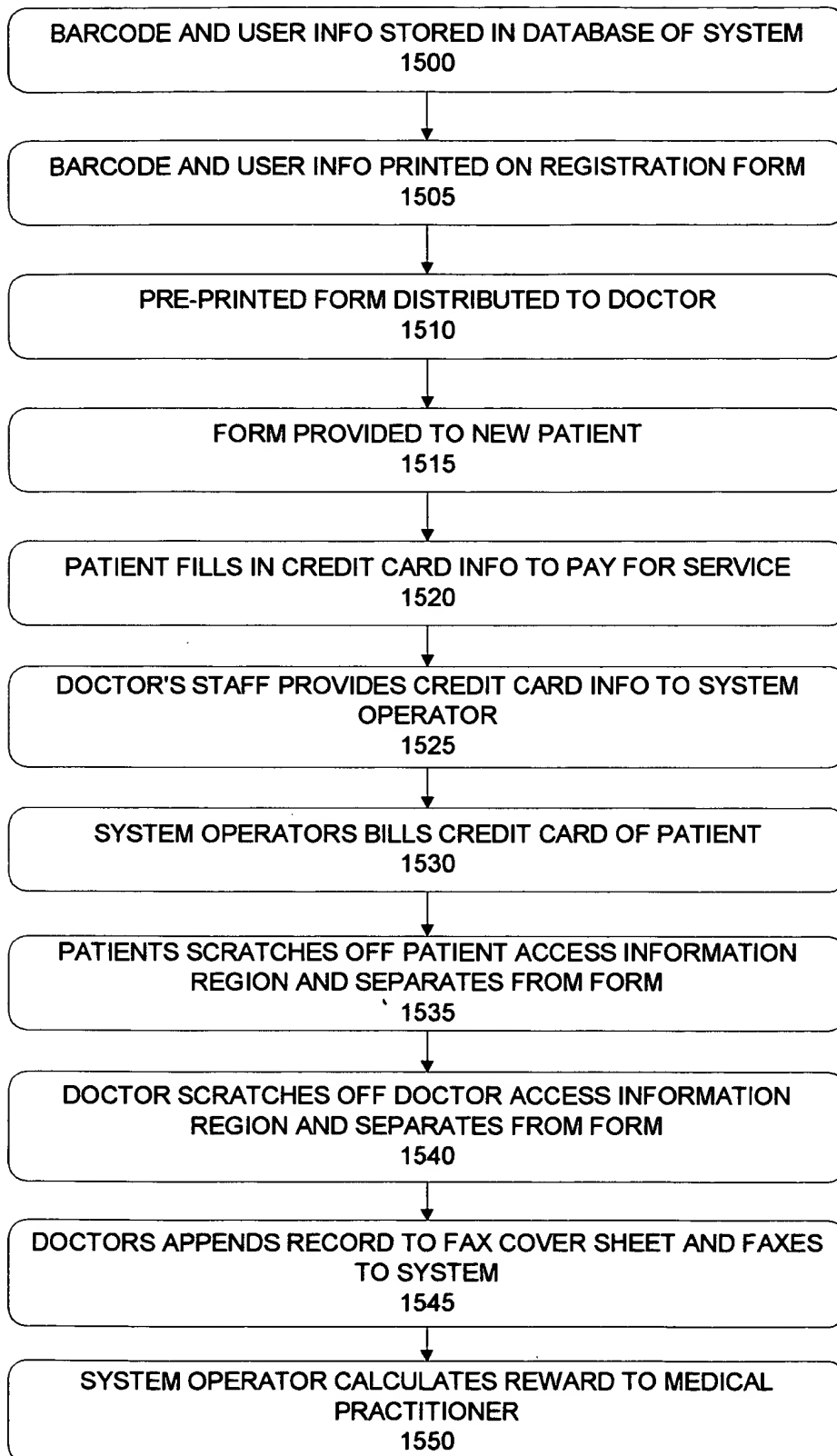
0000039806

IMPORTANT: Verify medical records being faxed belong to patient above.

200

Figure 13

Figure 14



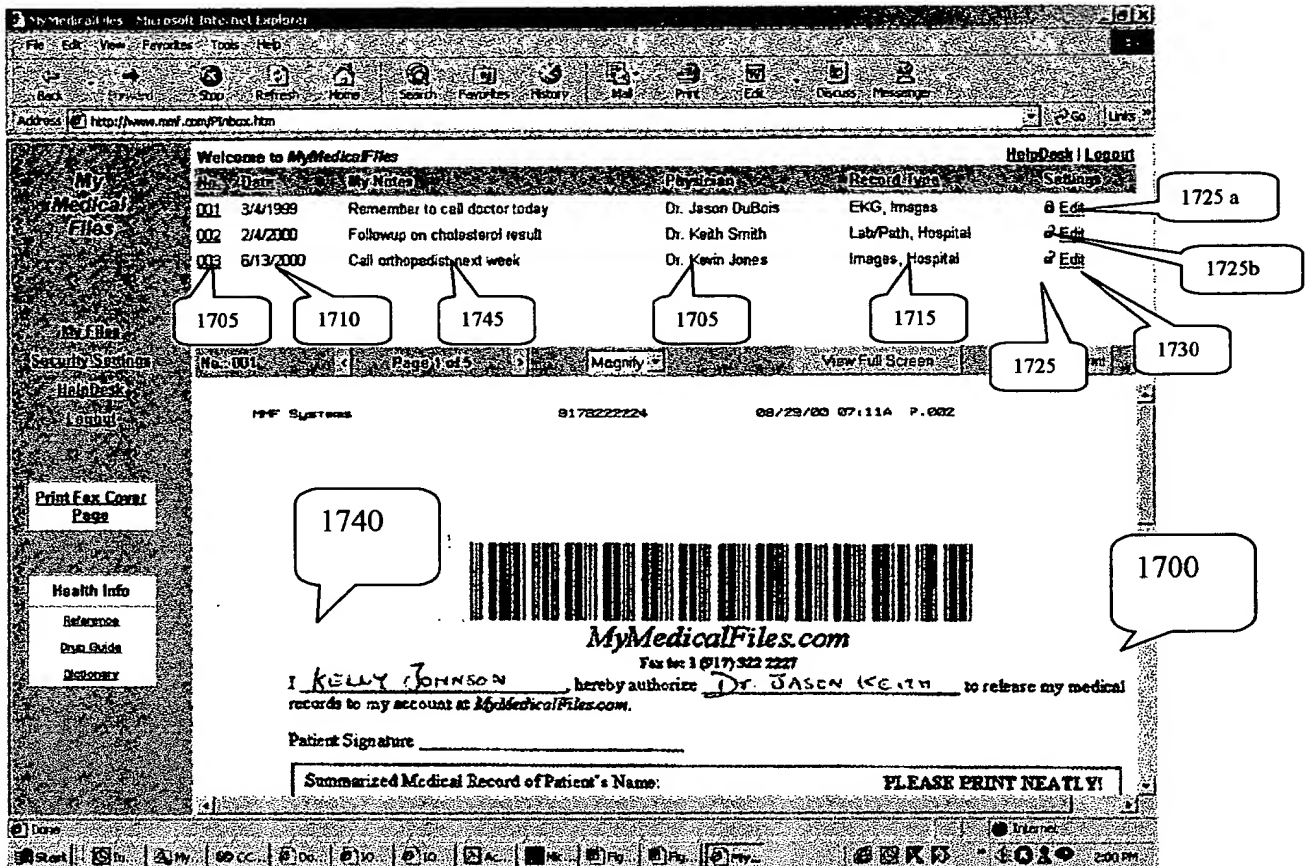


Figure 15

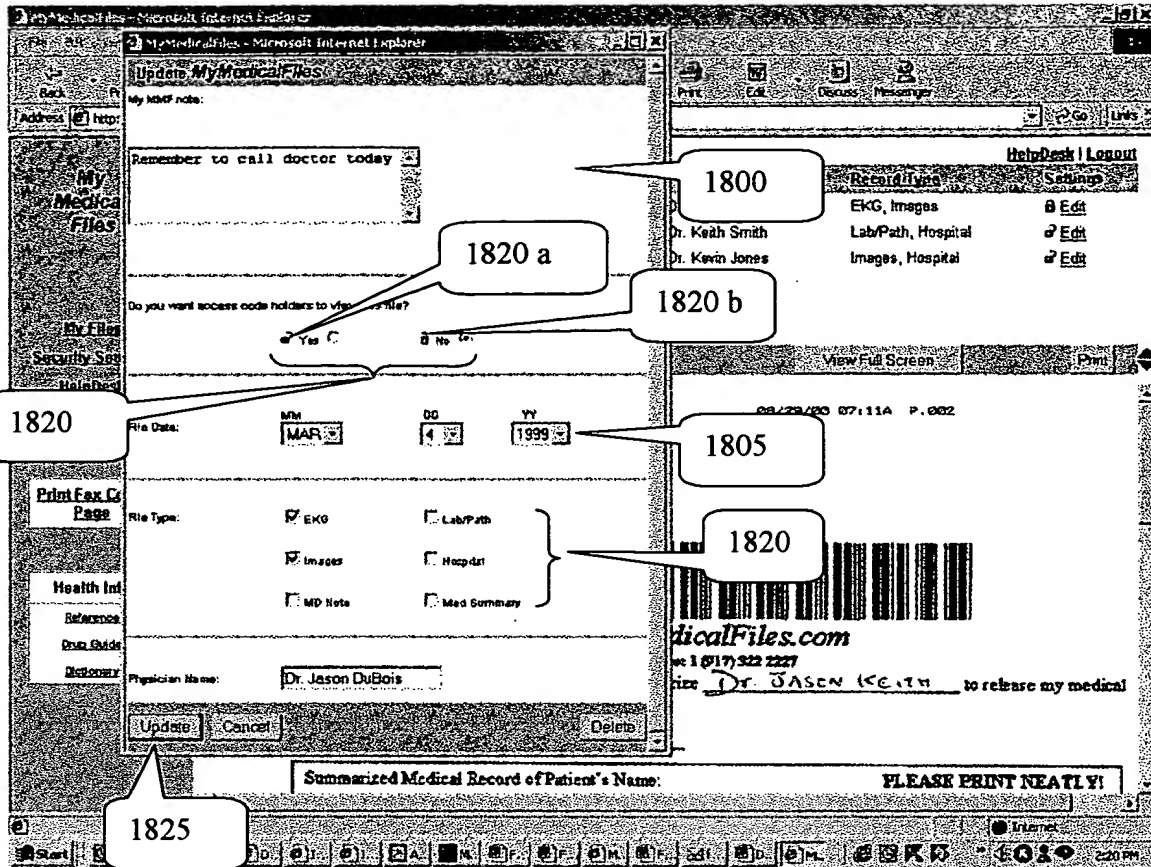


Figure 16

MyMedicalFiles (MMF)



0000000001

Summary Medical Record (SMR)

Patient Name

Last

First

Date of Birth

/ /

Summary Medical Record Date

Active Medical Issues

Past Medical / Surgical History

310

(Please continue on additional paper as needed)

Allergies

Medications

Drug

Dosage / How Taken

Vaccinations / Preventive Care

DTP

MMR

Polio

Hib

Varicella

Hepatitis B

Influenza

Pneumococcus

Td Booster

TB

Rubella Titer

Measles Titer

Varicella Titer

Mumps Titer

Other

Instructions

Step 1: Minimize medical abbreviations to make this useful to patients

Step 2: Send to MMF using Reusable Patient Fax Cover Page

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305

300

305

Figure 17

Figure 18

No	Patient Name	User ID#	Access Code	Other
1	Jim Jones	12345	xyz
2	Stan Smith	67890	abc
3			"Access Denied"
4				
5				

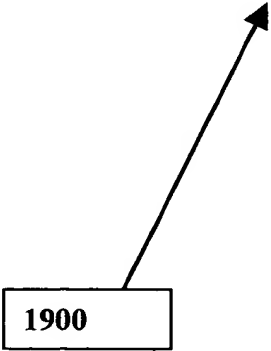
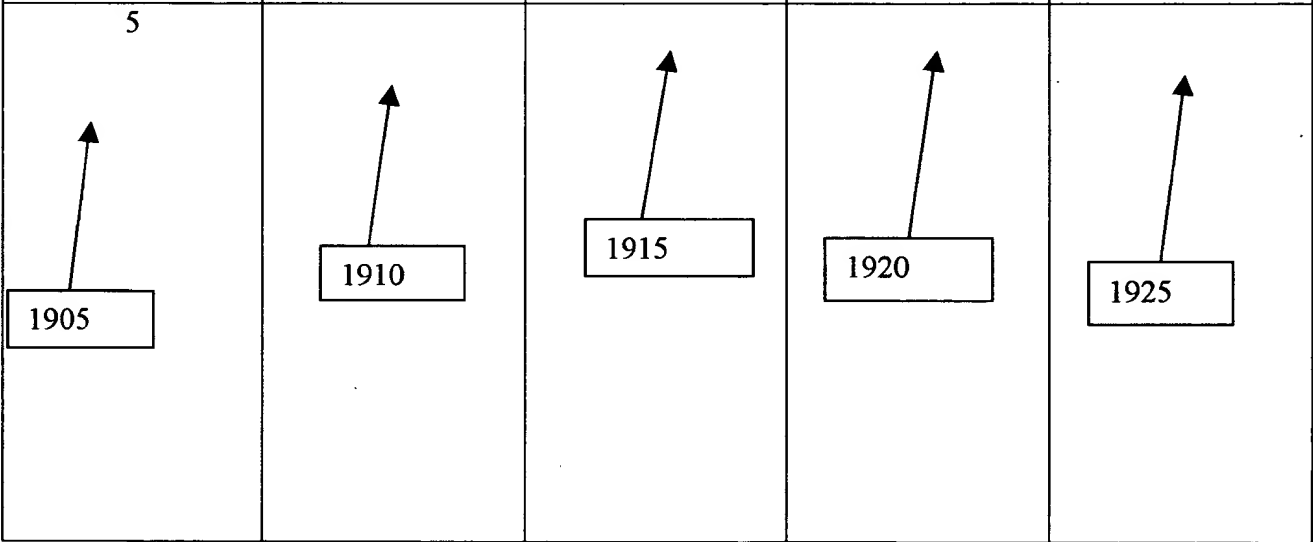
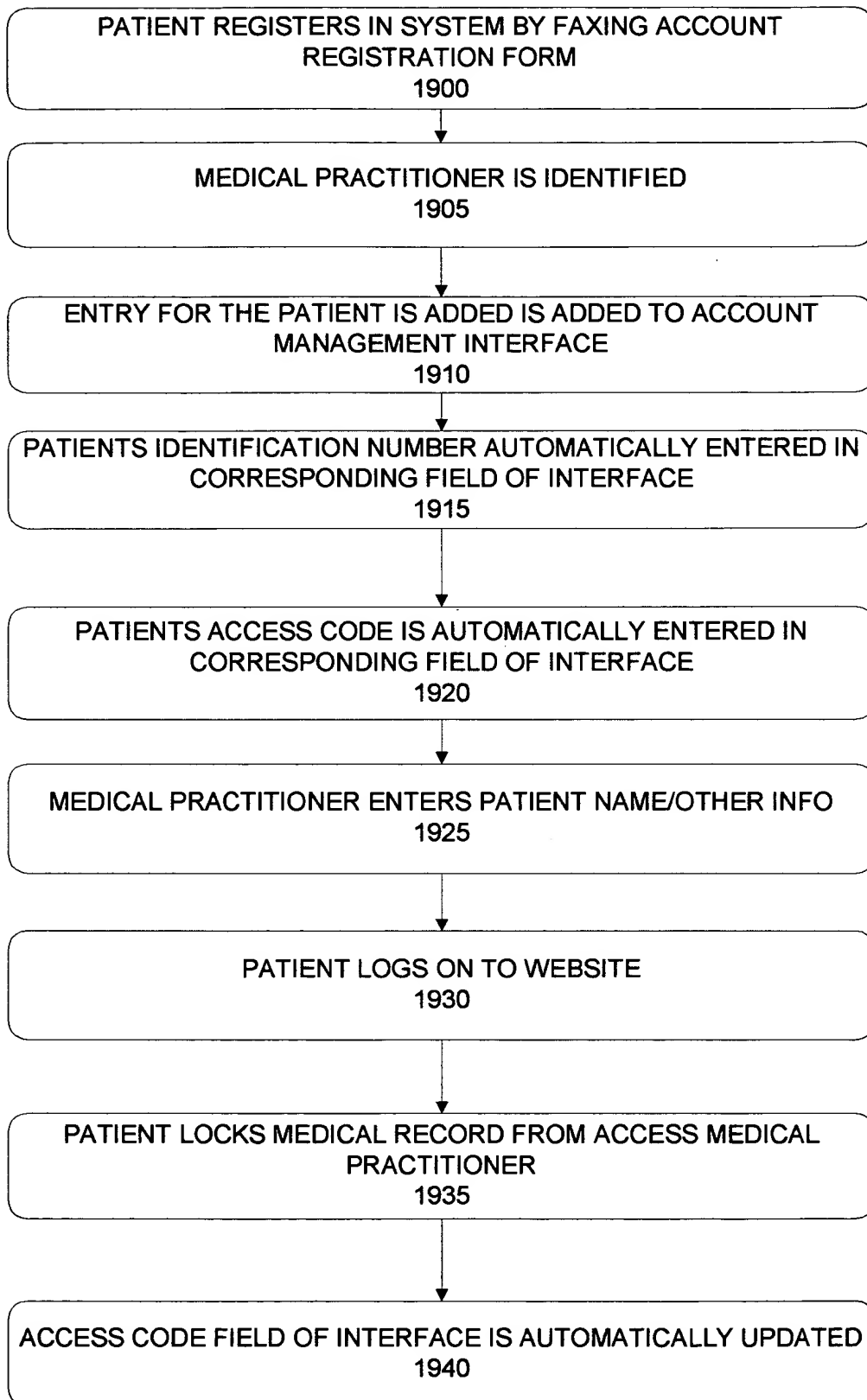


Figure 19





21

MyMedicalFiles
Fax to: 1 (917) 321 2212

MMF RE-USABLE FAX COVER PAGE

I authorize my Physician to fax in my medical files to my account at MMF Systems, Inc. I have read and understood the Terms of Use as printed on the brochure (or website).

Patient signature _____

If you wish, please provide your Physician with Username and Access code so he/she may access your record when making medical decisions.

Patient Name (Printed)	Kelly Johnson
Date Of Birth	
Username (Optional)	
Access Code (Optional)	

405

Instructions for the Physician's Office:

Step 1: Please use this re-usable fax cover page to send to MMF the medical documents the physician has selected.

Step 2: Please retain this fax cover page in the MMF Manual or in your traditional filing system.

OFFICE STAFF: Please verify the documents being faxed belong to the patient.

400

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Figure 20